

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: Unknown
Filing Date:: February 1, 2006
Application Type:: National Phase
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-Rom or CD-R?:: None
Title:: ARRANGEMENT OF OPTICAL ELEMENTS
IN A MICROLITHOGRAPHIC PROJECTION
EXPOSURE APPARATUS
Attorney Docket Number:: SHN-146-A
Request Early Publication?:: No
Request Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity:: No
Petition Included?:: No
Petition Type::

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Federal Republic of Germany
Status:: Full Capacity
Given Name:: Karl-Heinz
Family Name:: Schuster
City of Residence:: Koenigsbronn
State or Province of Residence::
Country of Residence:: Federal Republic of Germany
Street of Mailing Address:: Rechbergstrasse 24
City of Mailing Address:: Koenigsbronn
State of Mailing Address::
Country of Mailing Address:: Federal Republic of Germany
Postal or Zip Code of Mailing Address:: D-89551

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 048980
Name:: Andrew R. Basile, Sr.
Street of Mailing Address:: 3001 West Big Beaver Road
Suite 624
City of Mailing Address:: Troy
State or Province of Mailing Address:: MI
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 48084-3107
Phone Number:: 248-649-3333
Fax Number:: 248-649-3338
E-Mail Address::

REPRESENTATIVE INFORMATION

Representative Customer Number::	048980	
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Or

Representative Designation::	Registration Number::	Representative Name::
Primary	24753	Andrew R. Basile, Sr.
Attorney	37113	Darlene P. Condra

DOMESTIC PRIORITY INFORMATION

Application No.	Continuity Type	Parent Application	Parent Filing Date
This Application	National Phase	PCT/EP2004/014728	12/27/2004
PCT/EP2004/014728	An application claiming the benefit under 35 USC 119(e)	US 60/568,006	05/04/2004
PCT/EP2004/014728	An application claiming the benefit under 35 USC 119(e)	US 60/612,823	09/24/2004

ASSIGNEE INFORMATION

Assignee Name:: **Carl Zeiss SMT AG**
Street of Mailing Address:: **Carl-Zeiss-Straße 22**
City of Mailing Address:: **Oberkochen**
State or Province of Mailing Address::
Country of Mailing Address:: **Federal Republic of Germany**
Postal or Zip Code of Mailing Address:: **D-73447**